

**Steve Sisolak**  
*Governor*



**Richard Whitley**  
*Director*

# State of Nevada Department of Health and Human Services

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## Update Concerning the Status of COVID-19 in Nevada

Julia Peek, MHA, CPM, Deputy Administrator of Community Health Services



9/2/2020

*Helping people. It's who we are and what we do.*

# Case Investigation and Contact Tracing

- **Goals:**
  - Every Nevadan who tests positive for COVID-19 will be contacted by a contact tracer within 24 hours of that confirmatory lab report being received by the health authority.
  - Within 24 hours of identifying a close contact of a case, those individuals will be communicated with by a contact tracer.
- The [COVID Trace app](#) fully launched in Google and Apple stores. Over 20,000 downloads to date.
- Additional partnership with Apple and Google for EN Express. This app can be used in parallel with COVID Trace and will ideally increase usage.
- Ongoing themes related to case investigation and contact tracing:
  - Social gatherings/Familial/household exposure
  - Exposure at businesses/community exposure
    - Clark County:
      - Hotel/resort
      - Correctional/Institutional Setting
      - Food establishments
      - Healthcare settings
    - Washoe County:
      - Private/social gathering
      - Worksite: education, healthcare, manufacturing, construction, retail, service, warehouse/distribution, and hospitality

COVID-19 Cases Identified Through Contact Tracing Efforts from January 1, 2020 to September 1, 2020

County	Positive Contacts Identified Through Case Investigation
Carson	4
Churchill	38
Clark	12,219
Douglas	0
Elko	200
Eureka	0
Humboldt	33
Lander	25
Lincoln	0
Lyon	0
Mineral	4
Nye	48
Pershing	1
Storey	0
Washoe	607
White Pine	4
<b>Total</b>	<b>13,183 (represents 21% of the cases reported to date)</b>

Please note Esmeralda County is omitted from this table, as they have had no reported COVID-19 cases to date. Data may change as cases still open for investigation are subject to changes in identification process types.





# Public Health Duties and Responsibilities

- Hybrid State Health Department
  - Nevada is considered a “largely de-centralized” health department.
    - Local health units are primarily led by employees of local governments and the local governments retain authority over most fiscal decisions.
    - There are two states with this model: Nevada and Texas.
  - Offer some direct services in frontier counties
    - Ex: community health nursing, environmental health services, epidemiology
  - Statewide role
    - Ex: healthcare inspections and infection prevention, cancer registry, biostatistics, statewide oversight on grants/cooperative agreements
- District Health Authorities
  - Washoe County Health District
  - Southern Nevada Health District
- Delegated Authority (prior to COVID)
  - Carson City Health and Human Services
    - Carson, Douglas, Lyon, and Storey (added post-COVID)



# Post-COVID Response

- Greater development of local control of public health through delegation of authority by Nevada's Chief Medical Officer for COVID
  - NRS 441A.050 "Health authority" means the district health officer in a district, or the district health officer's designee, or, if none, the Chief Medical Officer, or the Chief Medical Officer's designee.
- Greater access and understanding of the local community dynamics
- Maximized local coordination and response between county units



## MEMORANDUM

To: Dr. Susan Pintar, County Health Officer, Carson City Health and Human Services  
CC: Lisa Sherych, Administrator  
Julia Peek, Deputy Administrator, Community Health Services  
From: Ihsan Azzam, Ph.D., M.D., Chief Medical Officer  
Date: May 15, 2020  
Re: Delegation of Authority (NRS 439.130; 441A.050)

In accordance with NRS 439.130 and NRS 441A.050, I hereby designate Dr. Susan Pintar, County Health Officer to act on my behalf during the COVID-19 pandemic response in Carson City, County. As the County Health Officer, you are in the best position to advance the public health interests of your community. You continue to act under the supervision of the Division of Public and Behavioral Health as set forth in NRS 439.160.

This designation includes the health authority powers of NRS 441A.160 (investigation); 441A.165 (access to medical records); 441A.166 (subpoena); 441A.167 (sharing with law enforcement); NRS 441A.180 (warning); and NRS 441.510—441.720 (isolation and quarantine) but requires compliance with NRS 441A.170 (weekly report to Chief Medical Officer), 441A.220, 441.230 and related regulations (confidentiality). This designation is for the purpose of the general public's health; timely non-pharmaceutical interventions; COVID-19 disease surveillance in coordination with the Division of Public and Behavioral Health (DPBH); and when available, vaccination campaign implementation, and anti-viral medication dispensing programs.

This designation will also allow for the enforcement of public health interventions directed by the Governor or Chief Medical Officer, by the County Health Officer. Enforcement actions conducted through the County Health Officer must be reported to the Chief Medical Officer at least 24 hours before implementation.

Should legal action(s) become necessary against an individual or group of individuals through the Chief Medical Officer's authority, under Nevada Revised Statutes or Nevada Administrative Code, such as requiring an emergency isolation of a case or more or a quarantine for a contact or more, consultation with the Chief Medical Officer is required prior to any action taken.

This designation continues to be in force until either relinquished by the County Health Officer, or until repealed by the Nevada Chief Medical Officer. A written notification is required to terminate this designation.

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# Challenges

- Various level of experience with infectious disease epidemiology
- Disparate data collection tools
- Rapid training of new case investigators and contact tracers
- Changing requirements
  - Federal
  - State (exposure locations, demographic data – LGBTQ/SOGI), etc.)
  - Local



# Data Reporting

- A major challenge for public health data analysis is delayed reporting.
  - Most public health data sets are years behind to allow for quality control and completeness.
  - COVID data is analyzed and reported in near-real-time; requires public health to do QA on the data as it gets shared publicly.
- Our goal is to provide the best actionable data for our public, but there is responsibility to ensure the data is being investigated further to understand the context.
- Related to exposure data, local review and interpretation is needed to ensure the context is provided to the public audience.



# Possible Exposure Locations in Salesforce

- Exposure Events – Can add multiple
- Date of exposure
- Type of Location/Event (select one)
  - Air travel
  - Bar
  - Bus / Train / Public Transport
  - Casino
  - Church/Religious Gathering
  - Concert
  - Congregate Living Facility
  - Convenient Store
  - Gas Station
  - Grocery store
  - Gym/exercise class
  - Health facility
  - homeless shelter
  - Library
  - Local bank
  - Mall
  - Nursing home/assisted living/retirement community
  - Other place with lots of people
  - Peaceful display of activism
  - Pool
  - Restaurant
  - Salon
  - School
  - Social event/party
  - Spent time with visitors from out of state
  - Sporting event
  - Store/shop
  - Transit station
  - Waterpark
  - Work
  - Other: specify
  - Name of location or event
  - Event Location (Address, city, zip, state, country)
  - Event/location phone #
  - Event point of contact

Example script:

*Now we are going to go more into detail about where you have been since [date - 2 days before positive test or symptom development, whichever came first - this should be populated, based off dates entered into Case Report Form]. Everything we discuss is confidential and no information about you or what you tell me will be shared with anyone that we discuss.*

*It is important to think about this carefully, because it will help us let others know if there has been a possible exposure. For example, if you went to a particular restaurant, we will call them and let them know that they should be extra diligent and disinfect the table you sat at carefully and let their workers know to watch for symptoms. I will also ask you for information about people you have spent time around. For example, if you know you sat next to someone at a birthday party, you can give me the contact information for that person and we will reach out to them and let them know that they could have been exposed.*







# Future Analysis and Reporting

- Clear identification of risk factors
  - Possible Exposure location and activities
  - Disparities
    - Geographic
    - Demographic
  - Specific mitigation to address local variation
    - Possible business exposure and considerations
      - Staff versus patrons
      - Regulatory involvement
      - Specific risks at the business and corrective action
    - Social gatherings/familial/household exposure
      - Limited size of gatherings
      - Public education

